

Registration and Renewal Form

EROC can also be purchased and accessed directly through PRIM&R's [Knowledge Center](#).

Contact Information

Name, Credential(s):		
Title:	Institution:	
Address:		
City/State/Zip:		
Phone:	Fax:	Email:

Data & Privacy

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

I want to participate in these research activities: ☐ Yes ☐ No

Canadian and EEA/EU Residents Only: In accordance with Canada's Anti-Spam Law and the General Data Protection Regulation, you must opt in to be added to our mailing list. By checking yes, you are providing express consent to receive messages from PRIM&R, including updates and promotions for PRIM&R products and events. You can withdraw your consent at any time by writing to us at 20 Park Plaza, Suite 1421, Boston, MA 02116, or via email at privacy@primr.org.

I want to receive email from PRIM&R: ☐ Yes ☐ No

Responsibility Areas

Select all that apply.

<input type="checkbox"/> Attending Veterinarian	<input type="checkbox"/> IACUC Chair	<input type="checkbox"/> IRB/REC Member	<input type="checkbox"/> Regulatory Compliance Coordinator/Officer
<input type="checkbox"/> Conflict of Interest Personnel	<input type="checkbox"/> IACUC Director/Manager	<input type="checkbox"/> Laboratory Personnel	<input type="checkbox"/> Research Administrator
<input type="checkbox"/> Educator	<input type="checkbox"/> IACUC Member	<input type="checkbox"/> Media Representative	<input type="checkbox"/> Research Counsel/Attorney
<input type="checkbox"/> Ethicist	<input type="checkbox"/> IBC Administrative Personnel	<input type="checkbox"/> Nonaffiliated/Community/Non-Scientific Committee Member	<input type="checkbox"/> Research Personnel
<input type="checkbox"/> Grants/Contracts Personnel	<input type="checkbox"/> IBC Chair/Member	<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Researcher
<input type="checkbox"/> HRPP/IRB/REC Administrative Personnel	<input type="checkbox"/> IBC Director/Manager	<input type="checkbox"/> Public Relations/Communications Personnel	<input type="checkbox"/> Student
<input type="checkbox"/> HRPP/IRB/REC Director/Manager	<input type="checkbox"/> Institutional Leadership/Executive/Institutional Official	<input type="checkbox"/> Quality Assurance Personnel	<input type="checkbox"/> Veterinary Personnel
<input type="checkbox"/> IACUC Administrative Personnel	<input type="checkbox"/> IRB/REC Chair	<input type="checkbox"/> Regulator/ Policymaker	<input type="checkbox"/> Other: _____

Interest Areas

PRIM&R uses these to segment our email lists so we can send you the email notifications that are most relevant to you.

<input type="checkbox"/> Animal Care & Use/Animal Welfare	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Human Subjects Protections — Social/ Educational/Behavioral
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Annual License Options	
Individual License: Registration grants access to the registrant only.	
<input type="checkbox"/> PRIM&R member rate	\$365
<input type="checkbox"/> Nonmember rate	\$564
<input type="checkbox"/> Individual license + membership*	\$564
Institutional License: This option is available to institutions and has no cap on the number of users. Please see the Policies section for details.	
Expected number of people anticipated to take the course: _____	
<input type="checkbox"/> PRIM&R member rate	\$2,250
<input type="checkbox"/> Nonmember rate	\$2,449
<input type="checkbox"/> Institutional license + membership*	\$2,449
Are you a new or returning subscriber?	
<input type="checkbox"/> I am a new subscriber	<input type="checkbox"/> I am a returning subscriber

***+ Membership rates:** Add a PRIM&R membership for the same price as the nonmember rate! The person whose name the registration is under will receive the membership. PRIM&R does not offer group, institutional, or departmental memberships.

Payment Method & Submission	
Purchase Order	PO #: _____ Please include a copy of the purchase order with registration. Your registration will not be processed until the purchase order is received.
Check	Check #: _____ If you are paying by check, please note that payment is expected before your registration can be processed. Please make checks payable to PRIM&R. Your registration will not be processed until the check is received.
Credit Card	AMEX/MC/VISA CC #: _____ Expiration: _____ CVV: _____ Name on Card: _____ <i>Credit card payments are also accepted through online registration at www.primr.org.</i>

If paying by check, send your completed registration form and payment to PRIM&R:

P.O. Box 849502, Boston, MA 02284-9502

Fax: 617.423.1185

Email: registration@primr.org

Note: Checks must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact registration@primr.org if you have questions.

Agreement to PRIM&R's Policies
This course is non-refundable and non-transferable. Institutions with multiple campuses and/or schools are required to purchase a separate subscription for each entity. If you have any questions regarding an institutional license, please email onlinelearning@primr.org . There is no cap on the number of users.
By signing and submitting this registration form, I acknowledge that I have read and understand PRIM&R's Policies , and I hereby agree to all terms and conditions as stated.

Signature

Date